

SEP 29 2004

PTO/SB/21 (02-04)

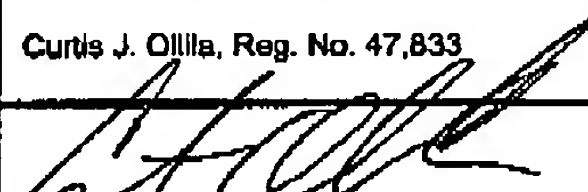
Approved for use through 07/31/2006. OMB 0651-0031

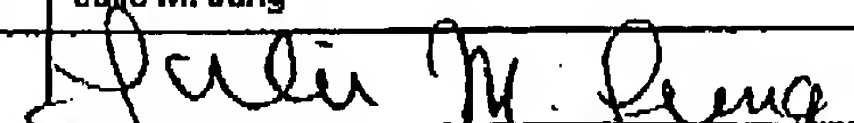
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/086,221	
	Confirmation Number	6447	
	Filing Date	02/27/2002	
	First Named Inventor	William G. Fish	
	Art Unit	1724	
Examiner Name		Minh Chau Thi Pham	
Total Number of Pages in This Submission	5	Attorney Docket Number	20501/213RIS

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement   <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Pursuant to the Examiner's request, attached are copies of the Auto-Reply Facsimile Transmission, Transmittal and Supplemental Declarations for Reissue Patent Application to Correct "Errors" Statement for William G. Fish and Charles F. Malone, which were filed on 5/10/2004.
Remarks		It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502382 for the required fees.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Curtis J. Ollila, Reg. No. 47,833
Signature	
Date	September 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to Fax No. 703-872-9306 on the date shown below.			
Typed or printed name	Julie M. Jung		
Signature		Date	September 29, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time

USPTO

5/10/2004 12:01 PM PAGE

PAGE

1/001

## Fax Server

SEP 29 2004



**Fax Sender at 3039389995**

**Date Received:**

5/10/2004 11:53:44 AM [Eastern Daylight Time]

**Total Pages:**

3 (including cover page)

Received  
Cover  
Page

MAY-10-2004 MON 09:58 AM DUFF BETTER CLILLA BURNS FAX NO. 3038288996 P. 01

Docketed by: 55

LA: \_\_\_\_\_

Atty:

PTO/SB/21 (02-04)


Approved for use through 07/31/2008. OMB 0551-0031

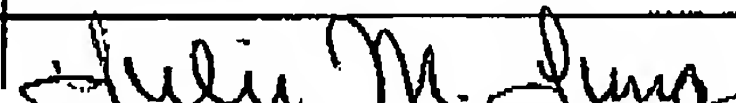
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/086,221	
	Confirmation Number	6447	
	Filing Date	02/27/2002	
	First Named Inventor	William G. Fish	
	Art Unit	1724	
	Examiner Name	Minh Chau Thi Pham	
Total Number of Pages in This Submission	3	Attorney Docket Number	20501/213RIS

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Supplemental Declarations for Reissue Patent Application to Correct "Errors" Statement for William G. Fish and Charles F. Malone</b>
Remarks		It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502382 for the required fees.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Curtis J. Ollila, Reg. No. 47,833
Signature	
Date	May 10, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to Fax No. 703-872-8306 on the date shown below.			
Typed or printed name	Julie M. Jung		
Signature		Date	May 10, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/515 (05-03)

Approved for use through 01/31/2004. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)</b>	Attorney Docket Number	20501/213RIS
	First Named Inventor	William G. Fish
	<b>COMPLETE</b>	
	Application Number	10 / 086,221
	Filing Date	02/27/2002
	Art Unit	1724
	Examiner Name	Minh Chau Thi Pham

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William G.		Fish	
Inventor's Signature	Date		
William G. Fish		4/12/04	
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Charles F.		Malone	
Inventor's Signature	Date		
Name of Third Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Name of Fourth Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		

☐ Additional inventors or legal representatives are being named on the \_\_\_\_\_ supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/51S (05-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>SUPPLEMENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)</b>	Attorney Docket Number	20501/213RIS
	First Named Inventor	William G. Fish
	<b>COMPLETE</b>	
	Application Number	10 / 086,221
	Filing Date	02/27/2002
	Art Unit	1724
	Examiner Name	Minh Chau Thi Pham

**I/We hereby declare that:**

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William G.		Fish	
Inventor's Signature		Date	
<b>Name of Second Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charles F.		Malone	
Inventor's Signature	<i>Charles F. Malone</i>	Date	4/6/04
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	

☐ Additional inventors or legal representatives are being named on the \_\_\_\_\_ supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**